



CARGO SPOUTS, SUCKERS AND SIMILAR EQUIPMENT
WORKSHEET
Related Waterfront Operations

Owner's name			Manufacturer			Washington State Cert #								
Address			Serial number		Mfgr rated capacity (lbs or tons /hr.)		Equip. No.							
City		State		ZIP+4		Type of equipment (spout, sucker, etc.)		Location of equipment		Remains at location <input type="checkbox"/> Yes <input type="checkbox"/> No				
Bulk loading/unloading <input type="checkbox"/> Spout <input type="checkbox"/> Sucker <input type="checkbox"/> Conveyor			Material handled <input type="checkbox"/> Cement <input type="checkbox"/> Grain <input type="checkbox"/> Ore			<input type="checkbox"/> Scrap metal <input type="checkbox"/> Other								
Spout or sucker Dia. (in.)			Length (ft.)			<input type="checkbox"/> Nontelescopic <input type="checkbox"/> Telescopic			Minimum Length (ft): Maximum Length (ft):			Hinged spout (spoon) at discharge / suction end <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spout / sucker mounted Ft. above Dock, on			<input type="checkbox"/> Fixed steel structure <input type="checkbox"/> Grain elevator			<input type="checkbox"/> Track Traveling <input type="checkbox"/> Mobile			<input type="checkbox"/> Other					
Spout / sucker extends offshore Ft.			<input type="checkbox"/> Fixed <input type="checkbox"/> Slews <input type="checkbox"/> Elevates			Boom supporting spout/sucker Length Ft			<input type="checkbox"/> Steel Truss <input type="checkbox"/> "I" Beam <input type="checkbox"/> Other					
Boom <input type="checkbox"/> Slews <input type="checkbox"/> Fixed <input type="checkbox"/> Elevates			Upper support boom Length Ft			Type <input type="checkbox"/> Steel Truss <input type="checkbox"/> "I" Beam <input type="checkbox"/> Other			<input type="checkbox"/> Boom <input type="checkbox"/> Slews <input type="checkbox"/> Fixed <input type="checkbox"/> Elevates					
Conveyor boom <input type="checkbox"/> Loader <input type="checkbox"/> Unloader			Type boom <input type="checkbox"/> Steel Truss <input type="checkbox"/> Other			Mounted above dock Ft.			<input type="checkbox"/> Warehouse <input type="checkbox"/> Fixed steel structure					
<input type="checkbox"/> Track Traveling <input type="checkbox"/> Mobile <input type="checkbox"/> Other						Conveyor boom length <input type="checkbox"/> Extends <input type="checkbox"/> Ft. Offshore <input type="checkbox"/> Sloughs			<input type="checkbox"/> Elevates <input type="checkbox"/> Fixed					
<input type="checkbox"/> Horizontally projects / retracts <input type="checkbox"/> Fixed askew above <input type="checkbox"/> Below <input type="checkbox"/> Fixed horizontally <input type="checkbox"/> Horizontal						Loader/unloader manufacture								
Model						Serial number			Are operating controls identified? <input type="checkbox"/> Yes <input type="checkbox"/> No					

If items are not suited for describing to device, make a sketch on the back sheet indicating particulars or furnish general arrangement plans and photos. Always indicate the number of parts of wire rope and construction supporting principal components:

Replacement of wire rope(s). for subsequent annual examination noted _____. If extra copy of certificate(s) available, indicate service (boom hoist, spout, sleeve, etc.) on certificate and submit with report otherwise complete complete following data:

Wire Serves indicate:	Cert #	Manufacturer supplier	City	State	Test date	Tested by	City	State
					/ /			
					/ /			
					/ /			

Wire Rope Data:

Wire Serves; boom hoists, spout, sleeve, trimmer, etc. indicate:	No. of parts	Diameter	No. of strands	Wires per strand	PS	IPS	EIPS	Super EIPS	FLT Strand	Core			Galv.	Breaking strength St/Lbs
										FC	IWRC	Other		

When steel connecting rods, chains, etc., are used rather than wire rope, describe:

Remarks	Dia. Thickness

I hereby certify the above tests and/or examinations have been conducted in accordance with the following:
Washington state safety standards for longshore, stevedore and related waterfront operation, WAC 296 - 56.

Date	Address	Signature of certified inspector
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